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ABSTRACT

This report presents seven case studies of programs across the country that have implemented innovative changes in the special education continuum. Telephone or in-person interviews with the program administrators were used to collect data. This report includes a summary of that information and a brief analysis of findings concerning common and unique program characteristics. These findings included: the impetus for change at all sites was the importance of addressing the needs of students with disabilities within the broader context of general education restructuring and interagency collaborative efforts; parent involvement was a critical component; desired outcomes for all programs were reduction of student behavior problems and increased academic skills; and the need for coordinated services planning was emphasized. The case studies examined the following programs: (1) Kentucky IMPACT Program; (2) Pinewood Elementary School (Florida); (3) Independence School District (Missouri); (4) Hannah J. Ashton Middle School (Ohio); (5) The Elizabeth Learning Center (California); (6) The Community Wraparound Initiative (Illinois); and (7) Foothill/Pasadena SEIPAs-TRIPOD Regional Program Co-Enrollment/Co-Teaching Model (California and replication sites in eight other states). (DB)

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Project FORUM at National Association of State Directors of Special Education (NASDSE) is a contract funded by the Office of Special Education Programs of the U. S. Department of Education. The project carries out a variety of activities that provide information needed for program improvement, and promote the utilization of research data and other information for improving outcomes for students with disabilities. The project also provides technical assistance and information on emerging issues, and convenes small work groups to gather expert input, obtain feedback, and develop conceptual frameworks related to critical topics in special education.

ERRATA

New Visions for the Continuum: Seven Case Studies. Judy A. Schrag, Ed.D., and Casandra Rosado, M.A. National Association of State Directors of Special Education. August 11, 1998.

Pg. ii - 2nd paragraph, line 3. Replace "finds" with "findings"

Pg. ii - 2nd paragraph, line 10. Omit "serious"

Pg. 21 - First partial paragraph, last line. Add "for" between 'list' and 'placement'

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ABSTRACT

This document is one component in a series of activities related to the continuum of programs, services, and supports for students with disabilities that have been carried out by Project FORUM at the National Association of State Directors of Special Education (NASDSE). First, a background paper was developed entitled *The Continuum: Past•Present•Future*. This paper was provided to participants in advance of a policy forum held in February, 1998, *The Continuum Revisited Policy Forum*. Prior to and following the forum, a communication panel made up of forum participants, Regional Resource Center Directors, and the NASDSE Executive Board identified 36 programs across the country that have implemented innovative changes in the special education continuum. From these nominations, seven sites were selected as case studies. This document provides a summary of these seven case studies.

Telephone or in-person interviews, with administrators from the selected sites, were used to collect data about the case study sites. This report includes a summary of that information and a brief analysis of the finds that were found to be common and unique to the sites. Following is a summary of the findings. First, the impetus for change at the sites was the importance of addressing the needs of students with disabilities within the broader context of general education restructuring and interagency collaborative efforts. Parent involvement was also a critical component. Strategies for meeting the needs of students were carried out within the context of the family. The desired outcomes for the seven programs were reduction of student behavior problems and increased academic skills. All of the sites emphasized new visions for the continuum of supports for students with serious emotional disturbance/behavioral disorders and hearing impairments. There was an emphasis upon coordinated services planning. Each of the sites has also implemented teaming efforts to plan and carry out coordinated services. All of the programs reflect an overriding philosophy of the provision of integrated and coordinated, intra-and inter-agency supports for children and families.

NEW VISIONS FOR THE CONTINUUM OF PROGRAMS AND SERVICES

INTRODUCTION

Background

Within the Individuals With Disabilities Education Act (IDEA), each eligible child with a disability is guaranteed a free appropriate public education (FAPE) through the provision of special education and related services as included within the child's individualized education program (IEP). The language of IDEA and the current and proposed federal regulations require that special education and related services be provided within the least restrictive environment (LRE). In considering the LRE, a continuum of options is required (e.g., general education classes with supplemental aids and supports, special classes, public or private institutions, or other care facilities). As stated within the Senate and House Committee Reports, the Congressional intent is that special education not be viewed as a "place", but rather as programs, services, and supports to meet individual student needs. The IDEA Amendments of 1997 have placed a stronger emphasis upon the collaboration between general and special education. The IEPs for all students with disabilities must now contain a connection and linkage with the general education program. The IDEA changes also require special education to be a part of broader general education reform efforts. In addition, changes have emphasized the need for interagency agreements and the necessity of providing programs and supports for the "whole child", not a separate and often uncoordinated special education program.

An overriding similarity across the seven selected case studies for this Project FORUM activity was the need to coordinate and integrate all programs and services for children with special needs, rather than to view inclusive school practices, coordinated services, and other inter- and intra-agency collaborative efforts separately. The case studies described in this document illustrate a growing philosophy of providing a continuum of child and family centered supports that are coordinated and integrated across programs within the schools and across education and other social service agencies.

Methodology

Prior to and following the policy forum, ***The Continuum Revisited Policy Forum***, held by Project FORUM at the National Association of State Directors of Special Education (NASDSE), a communication panel made up of forum participants, Regional Resource Center Directors, and the NASDSE Executive Board, identified 36 programs across the country that have implemented innovative changes in the special education continuum. From these nominations, seven sites were selected as case studies using the following criteria: geographic representation, involvement of students with various disabilities, and innovative continuum conceptual approaches being utilized.

Project FORUM consultants carried out telephone and/or in-person interviews with representatives of each of the seven selected sites in order to gather information in the following areas: background and impetus for change, purposes and goals, key components of a new vision of the continuum, benefits of the change, challenges and advice for others, key learnings, and future directions. The purpose of this document is to provide case study descriptions of seven of these programs, concluding with a summary that provides a discussion of similarities and differences across the seven programs.

CASE STUDIES

Kentucky IMPACT Program - Kentucky

Background and Impetus for Change

In Kentucky, during the 1980's, many children with severe emotional disabilities (SED) were placed in psychiatric hospitals or other high-cost residential settings within and outside of the State. Other children with SED, who stayed in their communities, were not getting the kind of specialized services they required to overcome a wide variety of emotional and behavioral disabilities. In the community, costs to the education system were high, services fragmented, and disjointed- providing services that, at best, lacked continuity and frequently failed to cover the needed spectrum of services. In response to these service needs, the state legislature approved legislation (1990) requiring agency coordination to improve the provision of services.

Purposes and Goals

In response to the needs of children with SED, the Kentucky IMPACT Program was funded (1989-94) by the Robert Wood Johnson Foundation, with the philosophy that bringing together different community services to work collaboratively would better meet the needs of children with SED within the community. The goal of the program was to use a multi-disciplinary approach to create a continuum of services that would allow students with SED to stay in their homes and communities. By providing a continuum of services to students with special needs, it was hoped that the children would stay in their local school setting to complete their education and benefit from other local services.

Key Components of a New Vision of the Continuum

A key component of the Kentucky Impact Program is the interagency approach used to serve children with SED. At the state level, the collaborative State Interagency Council for Services to Children with an Emotional Disability brings together state representatives from different agencies. These State partners include:

- Administrative Office of the Courts

- Department of Education
- Department for Medicaid Services
- Department for Mental Health/Mental Retardation Services
- Parents and Guardians
- Department for Public Health
- Department for Social Services
- Department of Juvenile Justice
- Department of Social Insurance

This State Interagency Council meets to discuss overall policy issues that enhance or hinder State interagency coordination. The State Interagency Council structure is mirrored at the regional level with eighteen Regional Interagency Councils (RIAC), that plan and coordinate services for children with SED. The RIACs give agency personnel a time and meeting place to discuss and plan service coordination. Personnel from the different agencies have learned how different agencies work and have made personal connections that facilitate collaboration.

Collaborative funds from the State are funneled through the mental health agency enabling the RIAC to provide coordinated services for eligible children. A child is eligible to be referred to a child-specific service team for interagency services if he or she is under 18 years, has a diagnosis of a psychiatric disorder, is severely limited in at least two key areas (e.g., self care, interpersonal relationships, family life, self-direction, and education), has had a disability for at least one year or is judged to be at high-risk to continued classification as disabled for one year of more without intervention, and requires service coordination and service planning from two or more agencies at the same time. Children who are currently living outside their homes or who are at risk of an out-of-home placement receive priority consideration.

The child-specific service team is made up of whoever "touches " the child and, like the State Interagency Council, includes the parents, school personnel, and representatives from social services, mental health, Medicaid, public health, juvenile justice, social insurance, and the courts. This team meets twice a month to review case plans and to make referrals for coordinated services. Confidentiality release forms are used to enable agency personnel to share information about the child and family.

Service coordinators work with the RIAC and receive referrals by the Councils. The service coordinator brings together the necessary people to create a service plan that provides the services needed for each individual child. These services may be provided at school or other locations. Charged by the RIAC, service coordinators facilitate the receipt of services by the child and family. The family also has available the State Office of Family Leadership which provides information and advocacy for them throughout the service coordination process.

Benefits of the Change

One of the benefits of the Kentucky IMPACT Program is the reduction of behavior problems in the classroom and home. Evaluation data based on 1,971 children who have participated in the IMPACT program, showed they are benefitting from the system which has stabilized their living environments. Compared with the year prior to joining IMPACT, program participants are significantly less likely to experience multiple moves for placement purposes. This lower rate of placement changes is also sustained through the second year of program participation. The reduction in the use of psychiatric hospitalization has resulted in lower placement costs. The annual average placement cost per child prior to joining IMPACT was $13,898. After joining IMPACT, the average placement cost drops to $8,886, an annual savings of $5,012 per child.

After one year in the program, more than 75 percent of parents and IMPACT service coordinators perceive some or much improvement in five of six key areas: school achievement, emotional adjustment, family adjustment, relationship skills, and behavioral self-control. The only area in which there was not perceived to be an area of improvement was school adjustment.

Over a third of the children studied left the Kentucky IMPACT program after successfully completing the program. Given the complexity of the problems and issues faced by these children, the program considers this an indication of its success.

Challenges and Advice for Others

The beauty of service coordination is also the challenge. It is difficult to have a truly collaborative system where agencies have shared decision-making powers. For the Kentucky program, it has been a challenge to keep the agencies feeling equal when the funds are flowing through only one agency. Trying to treat parents as equal partners has also been a challenge.

The legislation requiring agency coordination has spurred interagency collaboration, however, it also may have caused some local agencies to contribute fewer resources. Because the requirements of the legislation mandate the participation of agency personnel, the challenge has been to get beyond the "have to" to the "want to" coordinate services for the benefit of the children and families. The need to institutionalize service coordination with other agencies as part of the each agency's charter is critical to programmatic success.

Key Learnings

The Kentucky IMPACT Program found that the more involved the actual people who provide direct services to the child are in the service coordination, the better the coordination and the more likely children and families will benefit from the services.

Future Directions

Based on the Kentucky IMPACT model, a new funding stream is being implemented to serve Medicaid-eligible children. Called IMPACT Plus, this funding stream will have broader eligibility criteria, including children with SED and other children with complex treatment needs. IMPACT Plus funds are available for Medicaid-eligible children who may be at risk of institutional or hospital placement. The RIACs and the Department for Social Services will play a key role in determining the local priority for distribution of IMPACT Plus funds. Initially, the funds will be used for children who are institutionalized.

Pinewood Elementary School - Brevard County, Florida

Background and Impetus for Change

Pinewood Elementary is an example of a full-service school that was funded under a statewide initiative in Florida designed to improve services for children with emotional and/or behavioral disorders. A full service school has integrated and coordinated educational, social, and health services being provided on the neighborhood school campus. With the decentralization of mental health services and closing of residential facilities for children with EBD, local school districts needed resources to support these children in their own communities. The Serious Emotionally Disturbed Multi-Agency Network saw the need, organized agencies, and applied for federal grant dollars to provide for these needs.

Pinewood is located in a rural area with a population of 530 students from disadvantaged backgrounds who are at very high risk for academic, as well as social failure. In addition, there is an identified population of students with emotional and/or behavioral disorders. A needs assessment conducted in 1994, indicated that 73 percent of student's families supported the idea of establishing a family resource facility to meet the special needs of this rural community. Assessment data also indicated that 140 students were in need of some form of counseling and their parents were in need of parent education classes, counseling, and other support services that could be provided by community resources.

Purposes and Goals

The goal of the program is to serve students with identified emotional and/or behavioral disorders as well as those who are at risk for school failure. Services are provided through collaboration with mental health issues in their local communities and home schools. It is recognized that teachers cannot be expected to provide mental health services to ready children for learning.

At Pinewood, the philosophy of a coordinated approach to services was adopted and the school sought to bring together different community resources to work together. By coordinating

these services at the school site, it was thought that families would be more likely to utilize the services.

Key Components of New Vision of the Continuum

At Pinewood the full-service philosophy includes the initiation of early childhood education services for children ages 4-5. The school also operates a GED program for parents (morning or evening class), who have not graduated from high school. The program also identifies areas in which parents may need further help to become better qualified for employment advances.

Besides their relationship with an adult/community education center, partnerships at Pinewood include:

- Individual and family counseling services, as well as parent education provided by Circles of Care on the school site;
- Case management by the Children's Home Society that coordinates services offered by the different agencies;
- Health services provided by a full-time licensed practical nurse from the Brevard County Public Health Unit who administers first aid and medications, identifies health problems, makes referral for the Community Health Clinic, and provides health education;
- A registered nurse from the Parrish Medical Center that is available twice a month to provide access to the community health facility, referral for diagnostic purposes, and inoculations on a regular basis;
- A parent resource center that provides a variety of activities and parenting programs. designed to promote family literacy services, including Mom/Tot clinics, a book/toy lending library, and toddler literacy program; and
- A diagnostic team from Project Hope and Health First Pediatric Rehabilitation that provides physical therapy, occupational therapy, speech therapy, a licensed social worker for the early intervention programs, and a pediatric neurologist for diagnostic purposes.

At Pinewood, the child study team refers children with multi-agency needs to the full services program. A case manager is provided who meets with the parents and decides on services. The case manager then coordinates services from the different agencies and monitors care. This partnership with community resources is designed to alleviate students' emotional stress and allow them to focus academically, strive for educational success, and attend school regularly.

Benefits of the Change

Pinewood services to parents ensure support for "at-home" learning for children. By evaluating the needs of the whole family, the full services program is able to provide early childhood

education, mental health services, health services, parent education and training, adult education, and literacy services to strengthen families.

As a result of the full services program, Pinewood has seen behavior problems decrease. With a Circles of Care mental health counselor on campus, children with mental health problems can meet with the counselor weekly to review problems and develop solutions.

Challenges and Advice for Others

Pinewood advises that communities be selective in the types of services to offer, and avoid duplication of services by different agencies. It is important to conduct a needs assessment to determine the specific needs of a particular community so that services can be prioritized.

Key Learnings

Pinewood has learned that a program can never do enough to provide needed services for children. Children have a range of needs, and schools need to go beyond teaching the basics to providing a safe and happy place where children can learn. Many of the children who attend Pinewood come from troubled families, and Pinewood strives to overcome this problem as much as possible.

Future Directions

In the future, it is hoped that there will be an interagency approach used throughout the communities in the State, where key planning people come together to plan and implement comprehensive programs. Different child advocacy organizations need to create partnerships with education, mental health, health, and law enforcement to unify efforts to serve children. This could also aid in creating community priorities for funding so that scarce resources would be used to meet key community goals. With a new facility being built on campus, Pinewood hopes to locate Project Hope, an early intervention program for infants and toddlers ages 0-3, at the site. A new public library will also be housed at the school.

Independence School District - Independence, Missouri

Background and Impetus for Change

In 1993, the Independence Missouri School District engaged in a new initiative, the Missouri School Improvement Plan, that called for the school district to evaluate programs and look for ways to improve services. Improvement goals included providing services to students at-risk of school failure, increasing student attendance, and implementing improved procedures for compliance to federal regulations, specifically the Individuals with Disabilities Education Act (IDEA). At that time, 17 percent of all school children in the district were identified as needing special education services.. Children who required special education services longer than 90 minutes a day were bused

to special service centers. Noting this service strategy and other findings, the school district concluded that it could improve services and supports for children with special needs.

Purposes and Goals

These observations led the district to set goals to implement the least restrictive environment provision in the IDEA. Administrators recommended providing the training and support necessary at individual schools to bring students with disabilities back from the special service centers to their home schools. The vision of the Independence Missouri School District was, and continues to be, "Special Education is a Service Not a Place." The school district also set the following goals: decrease paperwork involved in providing services to children with special needs, use the resources in place for providing services more wisely, increase the involvement of parents of children with disabilities, and decrease the duplication of services provided by other agencies.

By the Fall of 1994, all special education services were being provided at home schools, with the exception of services for students with severe and profound disabilities. These students continued to be served at the special service centers. Schools stopped using the categorical approach to drive placement and started providing services to children based upon need.

Key Components of New Vision of the Continuum

Communication between all the stakeholders was a key component needed to implement changes in the Independence Missouri School District. The school district began by having a forum that included all the parents whose children were excluded from their home schools, special education teachers, general education teachers, administrators, and members of the community at-large. This opening dialog started several group meetings, including the bi-monthly meetings at the building level for special and general education teachers to discuss needs for staff development. A Parent Advisory Council also meets monthly to review what needs to be done for the inclusion of children with disabilities, and school principals meet monthly to discuss what is needed at the building level. Representatives from the school district serve on community boards to facilitate communication between the school and community advocacy organizations. The school district also collaborates with businesses for job experiences, internships, and school- to-work programs.

An Inclusive Schooling Practices Consortium brings together representatives from community agencies, such as the Departments of Health, Mental Health, and Social Services, every other month to find ways to coordinate services. Early on, the agencies decided that children with disabilities and their families would be better served by using a Coordinated Services Plan (CSP), that would coordinate services instead of each agency developing its own plan. This effort has been very effective in reducing agency duplication and unnecessary paperwork that was overwhelming families. Now, instead of an Individualized Education Program, a child with a disability and his or her family has a CSP that considers the needs of the whole family. Computer technology has allowed agencies to minimize duplication of services and expand coordination efforts.

At the building level, collaboration between special and general education teachers enables all students to have access to preventative interventions. General education teachers are trained to teach all children, while special education teachers provide necessary support. A special education teacher may teach half of the children in a classroom, while the general education teacher instructs the other half. Then, they switch groups. All children are benefitting, without any children being unnecessarily singled out as a "special" child.

Benefits of the Change

The benefit of this agency coordination and building collaboration is that children with disabilities, as well as students who are at-risk of school failure, receive services at the building level that enable them to succeed. Special and general education teachers are co-planning, collaborating, consulting, and delivering educational services for all children. The number of children in educational centers has dropped, as most children are now served in their community schools.

Challenges and Advice for Others

A major barrier to the school district was funding based on categorical placement. Other regulations, such as restrictions on the number of children that can be served by a speech pathologist, also interfered with serving children. The biggest challenge, however, was overcoming old "mindsets" of classroom educators. The need to provide positive feedback to teachers on their accomplishments is crucial when developing and maintaining the program. The school district found that services needed to evolve for students and for teachers, with a paradigm shift to serving all the children in the classroom.

The school district encourages others to invest in hiring and training paraeducators, who help teachers serve all children. Because of the difficulties in finding and keeping quality paraeducators, the school district hired an assistant whose entire job is to manage paraeducators. The district also stresses the importance of constructive dialog with stakeholders to foster ownership of the program. Finally, school districts are advised not to over-plan and to be willing to take some risks. Sometimes planning too much makes a program too rigid and restrictive, while leaving the program flexible allows personnel to learn from the program and adjust and modify services.

Key Learnings

To improve services for all children, change needs to be comprehensive and teachers need to have ongoing staff development. The Independence Missouri School District found that school districts cannot just train all teachers one year and move on to other components of the program. Each year brings new teachers and new students with different needs; therefore, staff development must be continuous. A comprehensive services program must be responsive and always focus on the needs of children.

Future Directions

For the future, the school district plans to continue to build the capacity of general education teachers to meet all the needs of the children in their classrooms. The district hopes that special education rosters will vanish because all children will be served within a comprehensive education program, and their primary identity will be with the general education classroom. Under this system, special education services will become an ingrained part of the general education classroom, and students will not have a parallel curriculum. In their vision, all children will be reading to their potential, and interagency collaboration will result in blended services that meet the needs of all children.

Hannah J. Ashton Middle School - Reynoldsburg, Ohio

Background and Impetus for Change

The Hannah J. Ashton Middle School planning team assessed the traditional structure of the special education program and found the following deficiencies:

- ✔ The learning of students receiving special education support was disjointed because students had to leave the general education classroom for support.
- ✔ General and special education teachers rarely discussed the needs of the child together.
- ✔ Expectations were generally lowered for students receiving special education support.
- ✔ Programs and services were not provided in a timely manner.
- ✔ Teachers frequently reported that there were many students in the classroom in need of academic support, but the special education teachers were only allowed to work with those students qualifying for special education.
- ✔ Parents and staff were increasingly frustrated by the narrow focus of special education within the school.

Purposes and Goals

The new vision for the continuum of programs for students with disabilities was based on several underlying beliefs:

- ☛ The purpose and mission of the school is to provide an appropriate educational
- ☛ program for *all* of the students.
- ☛ *Any* student is eligible and *will* receive academic support when the classroom teacher, parent, and learning team determine that a child needs support to meet his/her learning goals.
- ☛ The structure of the support program must be *flexible*, since the academic needs of

the children are varied and frequently change.

- The staff must be *empowered* to make decisions that affect learning, without having to follow a prescribed, bureaucratic, time-consuming process that too frequently results in parents, teachers, and students being told, "the child does not qualify for support services." Children should not have to be labeled in order to receive academic support.

Key Components of the New Vision for the Continuum

Within the Hannah J. Ashton Middle School, the roles and responsibilities of traditional learning disabilities (LD) teachers, tutors, and teachers of students with developmental disabilities (DH) were changed. In the past, special education was a "place" where students went to receive services. In the re-structured program, intervention specialists are placed on teams and are included in all team planning activities. The learning program for children receiving help is not disjointed since all team members are working together to plan the intervention program for the child.

Intervention specialists are still required to implement IEPs for children with disabilities, but are also required to develop intervention plans for other children in need of academic support. The new program is flexible. The goal is not to provide full inclusion to all students. The program changes are focused on meeting the needs of the child instead of requiring that children be given a label before the provision of services. If the children in need of help require specialized skill instruction, they can be pulled out of the room to work in small groups or individually with the intervention specialist. At other times, the intervention specialist may support children within the general education classroom.

The restructured program has eliminated unneeded bureaucracy and delay in providing services. A team of teachers determine how best to support the child, and through the Intervention Based Assessment process, determine what additional testing or assessment is needed. Instead of testing students to determine if they qualify for services, the focus is on testing students to help determine how they can be supported in their learning. Teachers and parents do not have to wait to be informed if the child qualifies for help; children in need of academic support receive assistance via the intervention specialist and learning team at the time needed. Parents are an integral part of the process and must sign off on the IEP or intervention plan.

Benefits of the Change

The IEPs of identified students with disabilities are fully carried out within the new continuum vision. In addition, during the 1996-1997 school year, the number of non-identified sixth grade students receiving extra math learning support from intervention specialists increased from 0 to 110. Eighty percent of the sixth grade students receiving math intervention support passed the sixth grade proficiency test. In the past, very few of these students with learning needs passed the math proficiency test.

Although there was a perception that the school had received additional staff to provide intervention services to more of the students, the middle school had the second highest staff to student ratio in the district during the 1996-1997 school year. The number of teachers in the school has stayed the same (e.g., there was not growth). What has changed is the building vision and mission, the reallocation of existing resources to enable the staff to meet the academic needs of more children, and building policies and procedures that have reduced the amount of bureaucracy and waiting time before students to receive support services.

During the 1996-1997 school year, a parent evaluation form was sent to all parents of students receiving special education services. Of the 60 evaluations sent, 55 were returned. Ninety-six percent of the responding parents stated that their child received more assistance with their school work, behavior, and social concerns from the intervention specialist than from the previous, traditional learning disability resource teachers or tutors. Additionally, parents felt that having the intervention specialist working with general educators not only helped provide a more coordinated academic program for their child, but also helped keep the parents more "connected" to the school.

Since the intervention specialists also worked with a number of children who did not qualify for an IEP, evaluation forms were also sent to parents of those children. Of the 270 forms sent to parents of non-IEP children, 225 were returned. Ninety-five percent of the responding parents stated the intervention specialist was instrumental in their child's academic progress. Of the 225 parents who returned the survey, 120 (53%) stated they had been told in other schools that their child did not qualify for any learning support.

Challenges and Advice for Others

New structures and visions for the continuum necessitate new roles and responsibilities for school staff and parents. Initially, there will be anxiety and concern regarding these changes; however, the benefits are great and aimed at providing more comprehensive supports to a broader group of students. Providing intervention plans for all students in need of learning support requires strategies that are not cumbersome and bureaucratic, so that staff resistance will be minimal.

Key Learnings

New thinking regarding the continuum can result in more students receiving services and services being provided in more timely manner. Supports must also be targeted at the broader group of students with learning and behavioral difficulties. Including special education teachers on a broader learning team with general educators results in supports for students that are not disjointed and that are based on higher expectations within the general education curriculum.

The Elizabeth Learning Center - Los Angeles, California

Background and Impetus for Change

Concerned that students were leaving school unprepared for the workforce, the Elizabeth Learning Center became one of the first Urban Learning Center sites developed with the support of the New American Schools Development Corporation to address the problem. Prior to the establishment of the Elizabeth Learning Center, school personnel were frustrated with the students' academic abilities. The challenges that the students faced beyond the school door created barriers to learning in the classroom. Students with mental health needs were not accessing these services outside of the school. Educators realized that the school needed to address these service problems (barriers) if students were going to reach their potential. The key to ensuring that students accessed services and were ready to learn was a comprehensive services school that involved the student's family.

Purposes and Goals

Consequently, the goal of the Elizabeth Learning Center was to provide a comprehensive urban school with high quality instruction supported by strong connections to the community. By restructuring curriculum and instruction, government and management; and by creating learning supports, the Center hoped to meet all of the student's needs and support their families. The goal was to increase student achievement as the school became a community center that served both students and adults. By reaching and teaching students and parents, the Center aimed for a higher quality of life for the community that would result in functional families supporting their child's education.

> "Our thought and design started from saying, we need something more than integrated services. We knew what if you're going to have a real impact on addressing barriers, you would have to do something that was thoroughly a part of the whole school operation, weaving in the community." (Howard Adelman, professor of psychology and co-director of the School Mental Health Project/Center for Mental Health in Schools at UCLA.)

By providing mental health services on-site, the Center hoped students with emotional problems or behavior disorders would receive the services they needed on campus, as a support to their education. The Center also wanted to provide students with services that went beyond traditional preparation for graduation. Graduates needed to be prepared for the types of employment available in the community, so that they could join the workforce once they left school.

Key Components of New Vision of the Continuum

A key part of the Elizabeth Learning Center program is the learning supports component. This component enables students to learn by creating a seamless structure of supporting services

within and outside the school buildings. Teachers are given training and support to provide in-classroom interventions that help students overcome barriers to learning.

If a teacher believes a student needs more intensive services, the teacher can refer the student to the Family Center. The Family Center allows students with special needs to be treated as part of a family in need, rather than as a separate entity. Once referred, the Consultation Case Review Panel meets to review the needs of the student and family. The panel brings together regular and special educators, mental health counselors, school psychologists, family and marriage counseling interns, social workers, and clinical staff to discuss the types of services the family needs. After a decision is made on the types of services, a case manager is assigned to assist the family in accessing services. The panel can also decide at this point whether to evaluate the child for a disability. All services are free and most are provided on-site to make it more convenient, and thus, more likely that families will take advantage of the services.

Another crucial part of the Elizabeth Learning Center program is the involvement of parents in the school. The program employs five 15-hours-per-week community representatives, who coordinate different aspects of the learning support programs. These parents provide transition support services for new families, offering new parents a packet with maps, schedules, and information about the school, including an application to be a volunteer. With the high turnover at the school, this support is critical. New students also receive a folder with a pencil, paper, and school information to help them during their first day.

To further support parents, the Center also provides adult education courses from 7:30 am to 9:00 p.m. These courses help over 400 parents learn English as a Second Language (ESL), computer skills, and other skills. If a student is having a difficult time with English in the classroom, an adult education coordinator may contact the parent to offer an ESL adult education course. The Center also provides child care, staffed with parent volunteers, to enable parents to attend classes.

The Elizabeth Learning Center also has an on-campus health clinic that provides a range of health services, including primary health care services, prescriptions, care for acute conditions such as asthma, health education and nutritional counseling, immunizations, and screening for tuberculosis, diabetes, and cholesterol. These services are provided by community collaboration, with support from St. Francis Medical Center and California State University at Dominguez Hills. The clinic provides services to all Learning Center students free of charge, while parents and siblings of students pay according to ability.

The final key part of the Center's program is its school-within-a-school programs. A Health Academy, geared toward careers in health for students in grades 10-12, features service learning activities and community services for 10th grade students, professional mentor partnerships for 11th grade students, and internship opportunities for 12th grade students. The Information Technology Academy prepares secondary students for jobs and further schooling in the area of technology.

Benefits of the Change

The benefit of the Elizabeth Learning Center is the coordination of services to help students with special needs overcome barriers to learning. The Center provides integrated services that go beyond the student to address root issues with the family. Teachers and support staff now look at special education differently and provide preventative interventions before they refer children to the Family Center. Because of the transitory nature of the community, many children have simply missed a lot of school. Through the Center's referral system, these students receive needed services without mistakenly being identified as having a disability.

Challenges and Advice for Others

The biggest challenge to the Elizabeth Learning Center is staff communication. When the Center first began, intensive training was provided to the original staff. The challenge has been to integrate new staff with ongoing training and support, and to generate within the new staff the enthusiasm for the Center. Another challenge has been to persist in providing families and students with needed services for long-term problems, while on the other hand recognizing that the Center cannot provide a quick fix to ongoing problems, Keeping the spirit of the staff up and celebrating progress are essential. The development of the Center has been a lengthy process. It is important to network with other schools and not to re-invent everything. Learn from other schools and use adaptations to meet specific needs.

Key Learnings

Through the Center's efforts, school staff has have come to realize that despite good instruction and curriculum, there is a certain percentage of students who will not learn unless other barriers to learning are addressed. They believe that there needs to be a paradigm shift in education that allows educators to focus on addressing family problems that impede student learning not just isolated student problems.

The importance of community partnerships for addressing student needs cannot be stressed enough. There was initial concern that the intern counselors involved in the school would take the jobs of other school professionals; however, the Center has found that there is always a greater need than that which can be provided. Finally, educators need to think about how best to use the resources they have to meet student needs, and keep their programs manageable. It has helped the Center to have a clear vision and evaluate the inclusion of different programs based on how each program fit into the overall philosophy of the school.

Future Directions

In the future, the Elizabeth Learning Center hopes to expand in two directions. First, through a partnership with Head Start, they hope to establish an literacy program that will serve children from language minorities and their parents beginning when the child is 18-20 months of

age. The hope is that while the child is enrolled in an early childhood education program, the parent will enroll in an ESL course. This in turn, will assist the parent in participating in the literacy development of their child. The Center also wants to add a college/career guidance center that assists high school students and adults to find employment.

The Community Wraparound Initiative - LaGrange, Illinois

Background and Impetus for Change

The need to restructure services for children with emotional and/or behavioral disorders (EBD) in Illinois became apparent in 1990. At that time, inclusive options were becoming more available to other children with disabilities; however, children with EBD were not considered for inclusive settings. Too many children were being identified as having EBD and were relegated to self-contained classrooms that rarely allowed them to transition back into general education classrooms. They were "lifers" that didn't get out and didn't get better.

In order to improve services for children with EBD, the LaGrange Area Department of Special Education (LADSE) procured a grant from the Office of Special Education Programs to fund Project WRAP from 1991-1994. Project WRAP resulted in LADSE restructuring their service delivery model for students with EBD into the current LADSE EBD Network. Essentially, this involved moving from an EBD program to a service network that supports more effective, comprehensive, and inclusive options for students in grades K-8 and their families.

The Illinois Department of Mental Health recognized the value of the LADSE experiences with interagency community-based service networks and sought to expand this interagency collaboration into a two-township area which included LADSE and two other special education cooperatives. This project, the Community Wraparound Initiative (CWI), focused on creating a sustainable system of care across mental health, child welfare, education, and other human service agencies.

Purposes and Goals

This seven-year effort was designed to improve the outcomes and options of children with EBD and children at-risk of developing EBD by converting existing categorical special education and mental health services into a more integrated and flexible system. Community agencies involved with CWI believed that by bringing multiple systems together, a more efficient and effective service network could be created. Providers also wanted to be able to focus on the strengths of children and families rather than their weaknesses, and to develop partnerships with families. Finally, schools needed to have a greater capacity to support and provide effective services for children with EBD.

Key Components of New Vision of the Continuum

The key component of what has evolved into the CWI are interagency groups that work together at the system, program, and practice level. At the system level, directors of special education, mental health, child welfare and other agencies meet together to work on policies affecting interagency collaboration. At the program level, program directors from the agency discuss how staff works together to collaborate and evaluate programs. Interagency intake and referral, supervision, and ongoing technical assistance and training are also discussed. Finally, at the practice level, agency practitioners, including teachers, mental health workers, social workers, and family members, work together on a interagency team to coordinate services and develop wraparound plans.

Children and youth, who have emotional or behavior challenges and may benefit from interagency approaches, can be referred to the interagency team and have wraparound plans developed. The child/family teams facilitate strength-based plans between school and home, support and advocate for parents, and develop new resources for students and their families. The teams focus on student/family strengths while developing plans that typically require providing services differently in contrast to the traditional approach of providing progressively more restrictive services. These individually-designed wraparound plans focus on interventions that maximize natural school resources and supports, while also addressing family needs and community functioning. The holistic wraparound plan then drives the specific educational services required in a child's Individualized Educational Program.

Another key component of the wraparound process has been the new roles for professionals. For example, special education teachers, supervisors, and coordinators are functioning as wraparound facilitators and school-based case managers who coordinate individual wraparound plans inside schools. Mobile team teachers provide support for special and general education teachers as they form teams around students, and develop and implement more inclusive wraparound plans for the school day. The availability of team teachers allows for planning time and co-teaching, assistance with classroom observations, development of behavior intervention plans, co-teaching in general education classes, and modeling of intervention and instructional strategies. Special education social worker positions were restructured into *family service facilitators* that assist school personnel in brokering services and creating the partnerships with families. Finally, teacher assistants have taken on the more mobile and flexible role of in-school respite workers, moving around the school to support teachers and students in more integrated settings.

Benefits of the Change

According to LASDE EBD Network data collected over a four-year period, the wraparound approach has resulted in a decrease in hospitalization of children with EBD and decreases in restrictive school placements. Six years ago, there were five self-contained classrooms for children with EBD, now there are only two such classrooms and all have children with severe disabilities.

Children with EBD attend their home schools and have a comprehensive support system that involves a partnership between their families and schools. Wraparound services for 41 children in school year 1993-94 resulted in 6 students moving to more restrictive settings, 18 students moving to less restrictive settings, and no change in the placement of 17 students. The 1994-95 LADSE EBD Network included 19 students in self-contained classes, 22 students that were receiving resource support, and 5 receiving other special education program support. By March of 1995, none of the students in the Network had been hospitalized or had been placed on homebound instruction.

Families also report better cohesion and improvement of behavior within the family. Surveys have found that families of children with EBD feel involved and satisfied with the wraparound approach. The CWI data is demonstrating similar reductions in out-of-home placements, improved family adaptability and satisfaction, and improved in emotional and behavioral functioning.

Challenges and Advice for Others

One of the challenges for the CWI is helping service providers understand each other's system restraints. By working together, service providers are gaining a greater appreciation of cross agency goals and roles. Another challenge is to create a sustainable voice for families at the policy and program level. Initially, parents were involved at the practice level; however, it has become necessary and desirable to increase family involvement at all levels to ensure policies and programs are designed to meet family needs. Family members need to have realistic and effective roles within agencies to provide family resources and support.

Ensuring that needs of teachers are being addressed in wraparound planning is also a challenge. During the initial Project WRAP years, LASDE found that teachers need to feel ownership in interagency planning to become an integral part of the process. CWI has also recognized that schools need support to prioritize staff development and ongoing technical assistance to enable all teachers to effectively intervene with and support students with, or at-risk of EBD. Providing teachers with consistent training and support for integrating strategies into their classrooms can positively impact their responses to students with EBD.

CWI also advises schools and communities to adopt specific strategies for moving from the use of the wraparound approach for crisis management to the use of the wraparound approach for preventing the escalation of EBD and out-of-home placements. This includes such services as respite care, in-home family supports, community mentors, advocacy, classroom assistance, and teacher support.

Key Learnings

When implementing a wraparound process, the development of teams is critical to improving outcomes for children and families over time. People need to feel a part of the process

and the collaborative body. Also, CWI stresses the need for schools, mental health, child welfare, and other service providers to move beyond traditional supports and realize the value of building natural service structures within existing agencies.

Ongoing evaluation of a program is critical for pervasive system change. It is crucial that barriers to service are openly discussed and that the program is flexible enough to make necessary changes. Lastly, schools and communities need to keep in mind that they should be building a sustainable system that will survive beyond any grant period. Ongoing decisions should be made with the recognition that the system will eventually need to be self-sufficient.

Future Directions

The CWI hopes its experiences will be used to expand the system of care approaches throughout Illinois and influence how education, mental health, child welfare, and other services for children and youth are organized and funded. It is hoped that in the future, all agencies will build interagency teams using natural supports to facilitate services for all children with emotional and behavior challenges. It is also hoped that evaluation mechanisms will be integrated into service systems and that practice, program, and system initiatives will be driven by ongoing data collection and evaluation.

Foothill/Pasadena SEIPAs-TRIPOD Regional Program - Co-Enrollment/Co-Teaching Model - Burbank, California and Replication Sites in California and 8 Other States

Background and Impetus for Change

The original TRIPOD program was initiated in 1984 because of a concern that the local school district was not adequately meeting the needs of students who were deaf/hard of hearing. TRIPOD was started as a private program targeted for preschool through kindergarten. Parent involvement was stressed. Upon agreement with the Burbank Unified School District superintendent, the program was located on the public school campus in 1989 with 24 students. Eight to ten students who were deaf or hearing impaired were placed in one general education classroom. The co-teaching model was initiated in the private sector and moved into the public sector, in part, based on the concern that the involvement of an interpreter in the classroom often served as a barrier to the learning process.

The original TRIPOD program has expanded to 120 students in four different sites, and serves as a regional program for eleven school districts. The program has moved from being a private/public partnership to being administered by the Foothill Special Education Local Plan Agency (SELPA). The TRIPOD Model has also been replicated at different grade levels in the following school districts:

Tulare Unified School District, California
Long Beach Unified School District, California

Duarte Unified School District, California
San Diego Unified School District, California
South Orange County SELPA, California
Alhambra Unified School District, California
Greeley-Evans School District 6, Colorado
Broward Country, Florida
Chicago Public Schools, Illinois
Salt Lake City, Utah/Utah State School for the Deaf
Clark County School District, Nevada
Dallas Public Schools, Texas
Tucson Unified School District, Arizona
Amoka-Hennepin School District, Minnesota

Purposes and Goals

The purpose of this program is to provide a co-teaching model to facilitate the education of students who are deaf/hard of hearing within a general education classroom on a general education school campus.

Key Components of a New Vision of the Continuum

Both the general education teacher and the special education teacher (who may or may not be deaf/hard of hearing) co-teach the class which includes approximately 8-10 students who are deaf/hard of hearing. The general and the special education teachers have signing skills and work within the classroom with all students. In this way, both teachers model the importance of collaboration, inclusion, and effective communication. Whenever possible, siblings of students who are deaf/hard of hearing have been included, at his/her appropriate grade level, within the program. Cooperative learning and peer collaboration are important features of this program. The general education curriculum is utilized for all students; and, if needed, a student who is deaf/hard of hearing may be pulled out of the classroom for a limited time period for additional support. The emphasis, however, is for all students to be educated together in the general education classroom.

Benefits of the Change

Both the students with and without disabilities all benefit from this co-enrollment/co-teaching program. Students who are deaf/hard of hearing can effectively communicate in the general education classroom because both of their teachers and many of their student peers can sign. The students without hearing difficulties learn increased communication, sensitivity, and awareness, as well as greater understanding of student diversity. In fact, students without hearing difficulties have chosen not to leave the program, and some of them have continued to serve as peer tutors as well as interpreters for extra-curricular activities. General education teachers participating in the program have expanded their efforts to meet all of the students' needs, including those with disabilities. The special education teachers have raised their expectations and increased their skills

in teaching the general education curriculum. Special education teachers participating in the program also have expressed their satisfaction with being part of the overall education program. Special education is not seen as separate and apart from general education. The close involvement of parents has also been very beneficial to the overall success of the program. There is currently a waiting list of parents who want their child with a hearing impairment enrolled in the program. In addition, parents of students without a disability are not only supportive of the program, but also face a waiting list placement of their children in the co-enrollment classrooms.

Another benefit is that students who are deaf/hard of hearing participating in the program have been able to pass California's high school proficiency examinations for non-disabled students. School records have shown that students, with and without disabilities, being educated within co-teaching classrooms have higher scores on achievement test scores. The regional co-enrollment program within the Burbank School District has recently been awarded the Golden Bell Award which acknowledged the quality and effectiveness of the program.

Challenges and Advice for Others

A challenge for other schools and school districts implementing the Foothill/Pasadena SEIPAs-TRIPOD Regional Program co-enrollment/ co-teaching model is to make the expectations and environment as natural as possible. Both teachers need to have proficient signing and communication skills. It is very helpful if some of the students without a hearing impairment have signing skills, as well. The program has the usual challenges and benefits of a co-teaching model in which the teachers plan and work together. The inclusion of peers of students who are deaf/hard of hearing is an important feature; however, this takes additional scheduling for the teachers and school staff. Although students in the program have indicated an academic preference for the public school, they also have strongly stated that they miss the larger peer groups. It is a challenge to create a strong deaf culture within a general education school.

Key Learnings

An important learning from this program is that the co-enrollment/co-teaching model can provide a more natural teaching/learning environment. Use of interpreters and classroom assistants to work with individual students with hearing impairments can actually be barriers to learning and impede student outcomes. Co-teachers (e.g., general and special education) can cover both the course content as well as address the individual needs of all students, including those with and without disabilities. Another learning has been the importance of ownership of the program by school principals. This ownership models and communicates the importance of all teachers, students, and parents working together. It is important that the community (e.g., parents of children with and without hearing impairments) is provided with ample information about the program prior to its implementation, as well as on an ongoing basis so that the benefits and challenges to all students are communicated.

Future Directions

As was stated earlier, the TRIPOD model has been replicated in a number of other school districts beyond the regional program in the Burbank, California Unified School District. The program has enrolled students who have more than one disability in addition to their hearing impairment. There continue to be challenges to building a strong deaf culture for a few students who are deaf/hard of hearing within a general education campus. Future directions also include expanded opportunities for students without hearing impairments to learn signing skills. The Los Angeles County Office of Education is supportive of the development of a model high school where efforts would be made to replicate the deaf culture as it is implemented within a center-based residential day school.

SUMMARY

Common Features

As stated in the introduction, the seven programs described in this document illustrate changing concepts regarding the continuum of programs and services for students with disabilities and other students who are at risk of school failure. A common feature of the continuum strategies used within the seven sites was coordinated child and family centered programs and supports across education and other agencies. In addition, the seven programs have a number of features in common. Following are some of these commonalities:

- The impetus for change has been the desire to address the needs of students with disabilities within a broader context (e.g., inclusion of students within the general education programs or collaboration across education and other agencies to meet the "whole child" needs).
- Parent involvement has been a critical component.
- Providing for the needs of students within the context of the family has been seen as important.
- There has been an emphasis upon coordinated service planning and provision as well as ongoing collaboration across school personnel and/or school and agency personnel.
- Utilization of teaming to plan and carry out coordinated and collaborative activities has been stressed.
- There has been a goal of reducing student behavior problems and increasing academic skills.
- There was a major change in mindset and the "way of doing business".
- There has been an emphasis on creating changed options for students with low incidence disabilities (e.g., serious emotional disturbance/behavioral disorders and deaf/hearing impaired).

- Changes within the continuum of programs and services was created at the site (e.g., site-based and bottom up), but they were also supported by top down leadership and support from the state.
- The experiences of all of the seven sites emphasized the importance of having an expanded vision at the school level that is focused on holistic needs of students with disabilities and other at-risk needs that was implemented through broader involvement of all human service agencies and programs.

Unique Features

The seven case studies were selected because of the above common features, as well as because of unique focus areas. Following are some of the unique features of these programs.

- The Kentucky IMPACT Program has implemented a tri-level teaming effort to serve students with complex needs (Collaborative State Interagency Council Regional Interagency Councils, and child-specific service teams).
- Pinewood Elementary School in Brevard County, Florida also uses an interagency team structure (e.g., Community Advisory Committee and the Case Review Committee) to coordinate services.
- Hannah J. Ashton Middle School in Ohio uses intervention specialists on learning teams with general education teachers to provide intervention plans for students with disabilities, as well as a broader group of children in need of academic support.
- The Community Wraparound Initiative in LaGrange, Illinois utilizes an interagency team effort that develops strength-based plans that includes the school, home, and community/agency supports. The continuum is seen as flexible supports and interventions. Special educators have new roles (e.g., wraparound facilitators, school-based case managers, and mobile teachers).
- The Independence Missouri School District has implemented a Coordinated Service Plan that includes the Individualized Education Program and a broader array of programs, services, and supports needed by a child with complex needs.
- The Independence School District, Pinewood Elementary School, and the Elizabeth Learning Center in Los Angeles has emphasized preventative interventions (e.g., a focus on creating a learning environment where high quality of instruction is supported by strong connections to the community). Learning supports are provided in the form of a seamless structure both within and outside of the school.
- The TRIPOD Model, Ashton Middle School, and the Independence Missouri School District utilize co-teaching and other strategies so that students are not singled out as "special" or different. Siblings of students who are deaf or hearing impaired are included within the program as well as peers without a disability.
- The Elizabeth Learning Center and the Ashton Middle School have extended their prevention and intervention strategies to a broader range of students with special needs.